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deny the allegations of paragraph 1.

- 2. To the extent that paragraph 2 of the Complaint consists of legal conclusions, respondents are not required to answer. To the extent that paragraph 2 consists of factual allegations, respondents state that plaintiff was at certain relevant times a participant of the Plan, and that at certain relevant times he submitted documents to respondents indicating an address that is within the judicial district in which this Court sits. Except as stated herein, the allegations of paragraph 2 are denied.
- 3. Responding to paragraph 3 of the Complaint, respondents state that MetLife is a corporation which at relevant times has funded the benefits of the Plan, has acted as the Plan's claim administrator for LTD benefits, and as such has been a fiduciary of the Plan. Except as stated herein, the allegations of paragraph 3 are denied.
- 4. Respondents deny the allegations of paragraph 4 of the Complaint, except that respondents admit that plaintiff was a Plan participant on August 25, 2006, and admit that subject to all of its terms and conditions the Plan provides benefits to eligible participants in the event of long term disability as that term is defined in the Plan.
- 5. Respondents admit that plaintiff applied for Plan benefits on the basis of alleged disability, and that his claim was denied by MetLife, the Plan's claim administrator. Except as stated, the allegations of paragraph 5 of the Complaint are denied.
- 6. Responding to paragraph 6 of the Complaint, respondents state that MetLife as the claim administrator received multiple submissions on behalf of plaintiff in September and October 2007 with regard to an appeal, and that the original claim adjudication was upheld on or about February 4, 2008. Except as stated herein, the allegations of paragraph 6 of the Complaint are denied.
- 7. The allegations of paragraph 7 are denied, and respondents expressly deny that plaintiff is, or at any relevant time was or will be, disabled under the Plan.
 - 8. The allegations of paragraph 8 are denied.
- 9. In response to plaintiff's request for relief, respondents expressly deny that plaintiff is or may be entitled to recovery attorney fees or any other form or type of relief, or to

1	any remedy of any type or in any amount whatsoever, with regard to any matters set forth in the
2	Complaint, and further denies that there is any factual or legal basis on which any dispute between
3	plaintiff and either or both of the respondents could or should be resolved in favor of plaintiff.
4	FIRST AFFIRMATIVE DEFENSE
5	Plaintiff has failed to state a claim upon which relief can be granted.
6	SECOND AFFIRMATIVE DEFENSE
7	Plaintiff's claims, and each of them, are barred by applicable statutes of limitation.
8	THIRD AFFIRMATIVE DEFENSE
9	Plaintiff has failed to state a claim upon which attorney fees can be awarded.
10	FOURTH AFFIRMATIVE DEFENSE
11	All actions with respect to the matters alleged in the Complaint, if any such actions were
12	taken, were at all times done in good faith and for proper reasons.
13	<u>FIFTH AFFIRMATIVE DEFENSE</u>
14	Plaintiff's claims are barred by the doctrine of estoppel.
15	SIXTH AFFIRMATIVE DEFENSE
16	Plaintiff failed to comply with each and all of the terms and conditions of the applicable
17	plan documents and instruments, and for that reason the claims attempted to be stated in the
18	Complaint are not payable.
19	SEVENTH AFFIRMATIVE DEFENSE
20	Plaintiff's claims are barred by the doctrine of waiver.
21	EIGHTH AFFIRMATIVE DEFENSE
22	Plaintiff's claims are barred by the fact that any decisions made by the Plan or by others on
23	behalf of the Plan were taken for good cause, were privileged and justified, and were reasonably
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	based on the facts as determined and understood by them and on the terms of the Plan.
25	based on the facts as determined and understood by them and on the terms of the Plan. NINTH AFFIRMATIVE DEFENSE
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	NINTH AFFIRMATIVE DEFENSE

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TENTH AFFIRMATIVE DEFENSE

All of plaintiff's claims are governed exclusively by ERISA, and all remedies to which he may be entitled, if any, which respondents deny, are limited to those provided under ERISA. Any state law claims that plaintiff may be deemed to have asserted or may attempt to assert with regard to the allegations in the Complaint are preempted by ERISA.

ELEVENTH AFFIRMATIVE DEFENSE

No claim being pursued in the Complaint is payable under the terms of the Plan.

TWELFTH AFFIRMATIVE DEFENSE

Any recovery by plaintiff is barred in whole or in part due to his own delay or failure to disclose or provide information pertaining to the allegations in his Complaint.

THIRTEENTH AFFIRMATIVE DEFENSE

If plaintiff is entitled to any payment of Plan benefits, which respondents expressly deny, each such payment must be reduced and offset by any other income or benefits, as defined in the applicable Plan documents, that were, are or may be payable to him.

FOURTEENTH AFFIRMATIVE DEFENSE

Plaintiff had failed to set out his claims with sufficient particularity to permit respondents to raise all appropriate defenses, and respondents therefore reserve the right to add other and further defenses as the bases for Plaintiff's purported claims become known, pursuant to the provisions of Rule 8 of the Federal Rules of Civil Procedure.

WHEREFORE, the respondents pray for relief as follows:

- 1. That plaintiff take nothing by way of his Complaint;
- 2. That judgment be entered in favor of the respondents, and each of them, and against plaintiff;
 - 3. That respondents be awarded their costs of suit incurred in this action;
- 4. That respondents be awarded their attorney's fees incurred in this action under 29 U.S.C. § 1132; and
 - 5. For such other and further relief as the Court deems just and proper.

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